

FILED

JAN 11 2007

SECRETARY OF STATE
ELECTIONS DIVISION

15080

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME Linda Bingaman LENGTH OF RESIDENCE IN NEVADA 26
 MAILING ADDRESS P.O. Box 953 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO
 CITY, STATE, ZIP Carlin NV 89822 VOTE [per NRS 281.571(1)(a)] 23
 TELEPHONE 775-754-6970 E-MAIL bingaman@frontier.net.net

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office | Elected (E) or Appointed (A) | Annual Compensation | Term or Date Appointed | ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b) | CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a) | APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a) |
|---------------|------------------------------|---------------------|------------------------|--|---|--|
| <u>Mayor</u> | <u>E</u> | <u>\$ 3,300</u> | <u>7-1-03</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <u>\$</u> _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <u>\$</u> _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

| | Self | Household Member |
|---|-------------------------------------|-------------------------------------|
| <u>University of Nevada, Fire Science Academy</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Nevada Health Centers</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>City of Carlin</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Nevada Division of Forestry</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

| | Self | Household Member |
|------------|--------------------------|--------------------------|
| <u>N/A</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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